

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046398

FILED DEC 28 1962

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 118

FILED DEC 28 1962

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)

Salom, Missouri

Length of stay in 1b

1 yr

c. FULL NAME OF (If NOT in hospital, give location)

Knox Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Crawford

c. CITY

OR TOWN

Leasburg, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Leasburg, Missouri

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
MaryMiddle
JuneLast
Lay

4. DATE OF DEATH

Month
Dec.Day
19Year
1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-16-1869

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

Crawford County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Harner

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

David Lay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

X

17. INFORMANT

Unknown

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Orthostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

DUE TO (b)

Senility

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardio-vascular disease -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961

to Dec 19, 1962

and last saw her alive on 1962

Death occurred at

7:30am

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park, St. Louis, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hoener Funeral Home, Cuba, Mo.

25. DATE RECD. BY LOCAL REG.

12-20-62

26. REGISTRAR'S SIGNATURE

M.M. Hart, MD by [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 4 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herman A. Haener

Licensed Embalmer No.

4673

P. O. Address

Elba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.